## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1080 3326

CLAIMS AS FILED - PART I												
			(Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7					RATE	FEE	7	RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			7 m	inus 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR	+290=	
* 11	the differenc	e in column 1 is	less than zero, enter "0" in column 2			Į	TOTAL	285	OR	TOTAL	<b>ラー</b> リ・	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)				(Colum		(Column 3)	olumn 3) SMAL			OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	PENDENT (	CLAIM	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							_	TOTAL	<u> </u>	OR	TOTAL	
		(Column 1)		(Columr	n ä)	(Column 3)	A	DDIT. FEE	<u> </u>	]	ADDIT. FEE	
8		CLAIMS		HIGHES		(Column 3)	Г		ADDI-	7 6	-	
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		· ·		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	T	X43=		QR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								, <u></u>	OR	+290=	
							با	TOTAL		OR A	TOTAL	
	•	(Column 1)		(Column	. 0)	(Cal. : 0)	ΑĽ	DDIT FEE		IOI I A	DDIT. FEE <b>L</b>	
T	`	CLAIMS		(Column		(Column 3)	_					
MEN		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	<b>a</b> nk		=		X\$ 9=		OR	X\$18=	, ree
	Independent	*	Minus	***		=	$\vdash$	V42-		• F	You	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X43=		OR L	X86=	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3										+290=	·	
1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OR A	TOTAL DOTT. FEE	
Т	he *Highest Num	ber Previously Paid	For" (Total or	Independent)	is the h	o, enter "3." lighest number f			opriate box			